

Housing LIN Q & A

Risk Matrix – from Care Home to Extra Care Housing

Key words: residential care home closure; care home replacement; risks; risk matrix; risk assessment; Sandwell.

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Initial Question:

I am undertaking an exercise to **highlight "risks"** in a proposal to close a number of residential homes and replace with **extra care housing**. This would be in the form of a matrix to identify all the issues that a local Authority would face in addressing this. This would include not just the management and operational issues of a closure process and move to a new type of accommodation for some residents , but all the other issues around identifying suitable sites, developing partnerships, funding implications, property and land issues - ie the whole process. I have identified some useful information from looking at risk in PFI schemes, but would be interested to know if any colleagues have developed anything like a risk matrix before.

General Response:

A number of similar documents were received from other authorities, using various different formats to outline the risks and procedures in re-allocating places from residential care.

Outcomes:

The document below demonstrates several ways of compiling or using this information.

Risk Matrix - From Care Home to Extra Care Housing

Brief Description: The Coldean Extra Care Users' Group brings together as a core consultation group representatives of local people in the Coldean district of Brighton and Hove who have an interest in the replacement of a former council residential home by a 37 unit extra care scheme. The group follows a consultation pattern successfully adopted by Hanover Housing Association in previous projects.

Key Strategic Issues:

1. To inform local residents of plans and progress and address any concerns they may have in relation to the proposed scheme at the start and as they arise.
2. To involve representatives of local older people and carers in build and service delivery issues and facilitates their input into aspects of the scheme for the duration of the build.
3. To maintain communications between local representatives, the construction firm and the main partners.
4. To be a vehicle for prospective tenants to view the site during the fitting out stage and possibly then to become involved in some way with the consultation process.
5. To ensure that older people and their representatives are involved in the development of the services within the new development.
6. To ensure good communication with local residents in the area through community representatives.
7. To develop in the future into an extra care residents and local community group.

The Process:

Following a period of consultation during 2004, the long term residents were moved into alternative care homes and the day service was re-provided within local sheltered housing schemes in November 2004. Clearance of the site was completed in February 2005 for construction to start, with completion aimed for in May 2006. Organisations represented on the Users' Group are the Older People's Council, the Sixty-plus Action Group, the Carers' Centre, the Alzheimer's Society, the Coldean residents' Association, various departments of the City Council such as adult social care, highways, cultural services and press and publicity and the Primary Care Trust, as well as Feltham Construction, the builders. The head of the local school and the local church deacon were also invited to participate. The first of a series of bi-monthly meetings of the group was held in the former residential care home in October 2004. This meeting presented the plans for the site, set out the scope of the extra care scheme and established the remit of the group in relation to it. When the building was demolished the bi-monthly meetings were moved into the local library.

Interim Outcomes:

Issues that have been raised in subsequent meetings of the Users' Group have contributed both to safeguarding the amenities and convenience of local residents and to developing ideas for the future use of the extra care scheme's facilities.

1. The Highways department attended to hear local concerns regarding delivery routes to the site, lack of traffic calming measures, parking provisions etc. Site delivery arrangements have been put in place to minimise congestion at school start and finish times. The consultation has given local residents opportunities to raise traffic issues of wider concern than the extra care scheme.
2. Letters were sent to every local household and an 'extra care' open evening was held for all local residents where they could examine the plans for the building and talk to the developers. The Coldean Residents Association have been pro-actively engaged and have enabled information to be distributed regularly via the Residents Newsletter which goes to 1000 households. Regular updates will be available and the residents association newsletter included a questionnaire asking for proposals on how the community areas should be used. Various suggestions have been made for use of this general space in the new building for activities which would link the scheme into its locality. It was felt to be important that any general space should be kept as flexible as possible for use for a variety of purposes by a range of groups such as fitness classes, mother and baby groups, mixed generation activities, a mobile shop (depending on discussion with local traders), a café and computer training and use. It is planned that a Community Involvement Officer will be appointed, funded through Supporting People contribution, to promote the community facilities attached to the scheme. The Users Group and the local school will also be involved in choosing a name for the extra care scheme.
3. Funding for an arts project was included in the extra care development as a condition of planning permission and the Users Group will be discussing the form this should take and how local people and future tenants will be involved. The Council's Cultural Services department has undertaken to produce a brief for this project and to consult local residents via the Users Group, the Residents Association and the School.
4. The possible uses of a treatment room in the scheme have been discussed – particularly in light of poor coverage of the Coldean area by GP surgeries. Some nursing services such as phlebotomy and chiropody are a possibility, complementing development of other ancillary services from an active local pharmacy. Possible use of the room on a sessional basis for GPs outside the immediate area is under consideration. This would have knock-on requirements for a receptionist and a waiting area.
5. Included in the scheme are five units intended for use as intermediate care facilities. These will be furnished by the City Council.
6. A new day service will be provided within the extra care scheme and further consultation on this is planned in order that a modern day service can be developed that meets the expectations of the service users.
7. The Users Group has asked for and secured a commitment from the developers that all possible building materials from the demolition plus furniture and equipment which still had a useful life would be re-used. All internal timbers and doors were recycled and the kitchen equipment was re-used in another day service. In the new scheme, rainwater will be recycled.

8. Issues such as internal signage and the scheme's security were discussed and the assurance given that Hanover would have a non-resident estate manager in place four months prior to the opening of the scheme.
9. The needs of local older people who are owner occupiers were raised with Hanover and the Council, as the area has a high proportion of people who own their own homes. It is recognised that older people might prefer to stay in their own locality and this issue was taken aboard for consideration in the extra care scheme and in relation to the need for other, mixed tenure developments

Likely lessons:

This case study was written before the completion of construction of the extra care scheme and was therefore able to capture some of the consultative process that has preceded it. Any evaluation of the long term effect of involving this wide range of local residents and agencies has to be provisional, but it is possible to reach tentative conclusions regarding its efficacy and value.

It is already clear that:

1. Any potential problems associated with the impact of the demolition and construction process on this fairly densely populated neighborhood have been minimised. The construction firm, a regular partner in Hanover developments, has cooperated readily in local discussions and has taken instant measures to resolve difficulties that may have arisen.
2. A perceptible feeling of involvement with the scheme and investment in its success has been generated among those involved in the consultation process. This has an immediate pay-back in that local informal surveillance of the site and its security is maintained while the builders are off-site. The extra care scheme will be familiar to local residents well before completion and the challenge of integrating it in the neighbourhood will have been mostly achieved.
3. A range of ideas has been generated for use of the extra care scheme's facilities as a communal resource and there is no doubt that a sense of local ownership of these will be in place. This is a good foundation on which to establish the extra care scheme.

Involvement of End Users:

Where eligibility for an extra care scheme is governed by Council allocations policies and needs criteria for a relatively high dependency care and support package, it is clearly difficult to identify the future tenants of such a scheme well in advance. It is also involvement in the consultative process for planning and building the scheme, or that there are future tenants whose needs have not yet become evident. Hanover hopes that, at fitting out stage, at least some potential tenants will have been identified and can be drawn into the consultative process. The importance of such a process cannot be under-estimated for its benefits in helping future tenants meet and get to know each other while occupied with a project they can contribute to. Some individuals, if they are local, may already know each other, but it is unlikely that the area of Coldean will provide the tenants for all 37 units. Involvement at an early stage could promote capacity building in the sense of helping tenants to interact purposefully as a group and could generate an embryonic sense of community.

IMPACT ASSESSMENT

To be used when considering termination, remodelling or decommissioning of a service

Contract ID		Provider Name	
Service ID		Service Name	
No. of units		Current utilisation	
No. of staff		Client Group	
Long/short* term service			

* Delete as appropriate

1. Proposed Change to the Service (eg details of recommended cost reduction)
2. Summary of key reasons for the change (eg ineligibility or other reasons)
3. Professional and other agencies – consultation
<ul style="list-style-type: none"> Agencies in support of the change who have been consulted (eg via the Service Review process) Agencies consulted who are not in support of the change
4. Outcome of any discussions during the Service Review process with Local Housing Authority Officers and Councillors?
5. What will the impact be on the tenants/services user of the proposed changes?
<ul style="list-style-type: none"> How satisfied are the tenants/services users with the service?
6. Has any consultation taken place regarding alternative accommodation?
7. What will the impact be on the staff of the proposed changes? Are there any implications regarding the proposed change eg TUPE ?
8. What will the impact of the change be on the Service provider? Have they been notified of any proposed change and if so, what views did they express?

<p>9. Has the Provider expressed the view, that this change to the service will place their business at risk?</p> <ul style="list-style-type: none"> • Will there be any impact on any other related services as a result of this change? eg. will the provider lose critical mass and withdraw from other services in the area?
<p>10. Has any contingency planning being carried out to safeguard tenants in the event of service breakdown or failure?</p>
<p>11. Any other comments</p>

Completed by:
Name

Signature

Date

Signed off by:
Name

Signature

Date

Risk Register – Extra Care Housing

Risk Register No 1: (Insert Date)														
KEY AREA: Operational Management														
Risk	Category	Specific	Compliance	Financial	Develop	Public Relations	Quality	Health & Safety	Materiality	Probability	Response	Control	Monitor	Responsibility
Operational	Services Delivery	Ensure adequacy of staffing management		x		x	x	x	HIGH	LOW	MANAGE	Management and services appraisal by HHA	Project Steering Group	HHA
Operational	Facilities Management	Ensure adequacy of planned and responsive maintenance		x		x	x	x	HIGH	LOW	MANAGE	Facilities management controlled by HHA	Project Steering Group	HHA
Operational	Commissioning	Appropriate staffing and scheme management		x			x	x	HIGH	LOW	MANAGE	Undertaken by HHA and Care Agency; ensure staffing levels match anticipated need profile/dependency range	Project Steering Group	B&HC / HHA
Operational	Housing Demand	Finding that there is a low demand housing at scheme		x					HIGH	LOW	MANAGE	Examine/update current statistical information on local demand. Ensure eligibility criteria are clear and robust, and reflect local needs. Ensure a clear marketing strategy for scheme	Project Steering Group	B&HC / HHA
Operational	Partnership Arrangements	Failure to construct agreements for nominations, Supp People etc	x	x					HIGH	LOW	MANAGE	Clear process in project plan to secure agreements for nominations, SP and Social Services funding; with clarity about funding and nominations routes required to achieve the LA's commissioning intentions and meet housing and care needs	Project Steering Group	B&HC / HHA
Operational	Quality Control	Failure to have in place appropriate systems	x	x			x	x	HIGH	LOW	MANAGE	Clear process to develop Management Liaison Group / users' surveys/evaluation by PSSRU or as otherwise determined by DoH	Project Steering Group	HHA
		Poor operational										Robust but flexible protocols with	Project Steering Group	HHA

Operational	Operational interface/service quality	interface between housing, care and support provision	x			x	x		HIGH	LOW	MANAGE	regular reviews		
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Risk Register No 1: (Insert Date)
KEY AREA: Scheme Development

Risk	Category	Specific	Compliance	Financial	Develop	Public Relations	Quality	Health & Safety	Materiality	Probability	Response	Control	Monitor	Responsibility
Development	Development/ Public relations	Failure to secure site owing to failure of process to close down existing service	x		x	x			High	Low	Eliminate	Following established home closure process in consultation with users, staff etc.	Project Steering Group	B&HC
Development/Financial	Development	Redeveloping the site without a planners brief		x	x	x	x		High	Low	Eliminate	Meeting and written confirmation from the planning authority	HHA	Architect
Development/Financial	Development	To ensure removal of any site restrictions on redevelopment	x	x	x				High	Low	Eliminate or modify	Solicitors searches and confirmation	HHA	PM and solicitor
Development	Public relations	Objections to redevelopment may delay or prevent works proceeding		x	x	x			High	Medium	Manage and eliminate if possible	Public consultation strategy	Project Steering Group	PM and HHA
Development/Financial	Development	Inadequacy of site surveys	x	x	x		x	x	High	Low	Manage and eliminate	Detailed appraisals by design team	HHA, PM	Design team/contractor
Operational/Development/Financial	Design	Inadequate design brief	x	x	x	x	x		High	Low	Eliminate	Preparation of a comprehensive document agreed by all parties	Project Steering Group	PM and HHA
Operational/Financial	Project management	Failure to issue design team appointments	x	x	x				High	Low	Eliminate	Issue letters of appointment at start of design process	Project Steering Group and PM	PM and HHA
Operational/De	Development	Failure to achieve agreed timescales for a	x	x	x	x			High	Medium	Manage and eliminate	Critical path analysis and monitoring through the pre and post contract phases	Project Steering Group and PM	HHA and Design team

velopment/Financial		start on site by Q4													and contractor
Development/Financial	Financial	Tender price exceeds budget costing	x	x	x		x		High	Medium	Manage and eliminate	Control design & regular reviews	HHA & PM	HHA and. Design Team	
Development/Financial	Development	Contractor performance	x	x	x	x	x		High	High	Manage and eliminate	Selection procedure and management	HHA and. Design Team	HHA and. Design Team	
Financial	Financial	Budget over-run not due to client		x			x		High	Medium	Transfer to contractor	Design and build procurement transfer risk to contractor	Contractor	Contractor	
Financial	Financial	Budget over-run due to client variations		x			x		High	Medium	Manage and eliminate	Client freezes design after tender awarded.	HHA & PM	PM and HHA	

Financial/Operational Management	Development	Delayed completion due to Force Majeure	x	x		x	x		Medium	Low	Accept and manage as far as possible	Critical path analysis and monitoring through the pre and post contract phases	Contractor and Design Team	HHA
Financial/Operational Management	Development	Delayed completion due to contractors management	x	x		x	x		Medium	High	Manage and eliminate	Critical path analysis and monitoring through the pre and post contract phases	Contractor and Design Team	Contractor
Financial/Operational Management	Development	Delayed completion due to client variations	x	x		x			Medium	Medium	Manage and eliminate	Critical path analysis and monitoring through the pre and post contract phases	HHA and Design team and contractor	HHA
Development/Financial	Development	Contractor bankruptcy	x	x	x	x	x	x	High	Low	Eliminate / transfer	Contractor selection process and NHBC cover.	HHA & Design Team	HHA
Development/Financial	Development	Contractual disputes		x		x			High	Medium	Manage and eliminate	Use of partnering	HHA and Design team and contractor	Contractor & HHA
Development/Financial	Development	Defective construction	x	x			x	x	High	Medium	Manage and eliminate	Design and build procurement with NHBC Cover	HHA and Design team and contractor	Contractor and Design Team
Development/Financial	Development	Health and Safety issues on site		x		x		x	High	High	Manage and eliminate	Produce health and safety plan in accordance with CDM	Contractor and Design Team	Contractor, Design Team & HHA
Development/Financial	Development	Registration status	x	x		x			High	medium	Manage and eliminate	Ensure tenure, care and support arrangements configured to avoid inappropriate registration by CSCI as care home	Project Steering Group	HHA
Development	Development/Public relations	Failure to secure site owing to failure of process to close down existing service	x		x	x			High	Low	Eliminate	Following established home closure process in consultation with users, staff etc.	Project Steering Group	B&HC
Development/Financial	Development	Redeveloping the site without a planners brief		x	x	x	x		High	Low	Eliminate	Meeting and written confirmation from the planning authority	HHA	Architect
Development/Financial	Development	To ensure removal of any site restrictions on redevelopment	x	x	x				High	Low	Eliminate or modify	Solicitors searches and confirmation	HHA	PM and solicitor
Development	Public relations	Objections to redevelopment may delay or prevent works proceeding		x	x	x			High	Medium	Manage and eliminate if possible	Public consultation strategy	Project Steering Group	PM and HHA
Development/Financial	Development	Inadequacy of site surveys	x	x	x		x	x	High	Low	Manage and eliminate	Detailed appraisals by design team	HHA, PM	Design team/contractor
Operational/Development/Financial	Design	Inadequate design brief	x	x	x	x	x		High	Low	Eliminate	Preparation of a comprehensive document agreed by all parties	Project Steering Group	PM and HHA
	Project management	Failure to issue design	x	x	x				High	Low	Eliminate	Issue letters of appointment at start of	Project Steering	PM and HHA

Operational/Financial		team appointments									design process	Group and PM		
Operational/Development/Financial	Development	Failure to achieve agreed timescales for a start on site by Q4	x	x	x	x			High	Medium	Manage and eliminate	Critical path analysis and monitoring through the pre and post contract phases	Project Steering Group and PM	HHA and Design team and contractor
Development/Financial	Financial	Tender price exceeds budget costing	x	x	x		x		High	Medium	Manage and eliminate	Control design & regular reviews	HHA & PM	HHA and Design Team

Risk Register No 1: (Insert Date)

KEY AREA: Intermediate Day Care

Risk	Category	Specific	Compliance	Financial	Develop	Public Relations	Quality	Health & Safety	Materiality	Probability	Response	Control	Monitor	Responsibility
Financial	Intermediate Care	Failure to obtain revenue funding	x	x		x	x		High	Medium	Manage	Meetings with and commitments by PCT /PCT as part of Steering Group	Project Steering Group	HHA
Operational	Intermediate Care	Inadequate design		x	x	x	x	x	High	Low	Eliminate	Undertake detailed briefing with key LA and PCT personnel	Project Steering Group	Design team and HHA
Operational	Intermediate Care	Legal /registration issues in managing IC facilities	x	x		x	x	x	High	Low	Manage and eliminate	Joint working with LA /PCT	Project Steering Group	HHA
Operational	Intermediate Care	Failure to establish management arrangements	x	x		x	x		High	Low	Manage	Joint working with LA and formal agreements with LA partners/agencies	Project Steering Group	HHA, PCT
Financial	Intermediate Care	Failure to obtain revenue funding	x	x		x	x		High	Medium	Manage	Meetings with and commitments by PCT /PCT as part of Steering Group	Project Steering Group	HHA

Risk Register No 1: (Insert Date)

KEY AREA: Financial Management

Risk	Category	Specific	Compliance	Financial	Develop	Public Relations	Quality	Health & Safety	Materiality	Probability	Response	Control	Monitor	Responsibility
Treasury management	Income and Expenditure	Failure to undertake a detailed assessment of all budgets	x	x	x	x	x		High	Low	Manage and monitor	Regular reporting from budget controllers and construction managers	HHA to prepare reports for Project Steering Group	HHA
Operational/ Financial	Staffing budgets	Failure to appreciate the levels and type of staffing		x			x		High	Medium	Manage and monitor	Project Plan to ensure detailed and costed staff structure is drawn up and approved	HHA to prepare reports for Project Steering Group	B & HC / HHA
Financial	Revenue Funding	Not having in place the revenue funding	x	x		x			High	Medium	Eliminate	Project Plan to ensure detailed agreements developed with revenue funding sources	HHA to prepare reports for Project Steering Group	B & HC / HHA
Financial	Development	Failure to control capital expenditure	x	x	x		x		High	Low	Eliminate	Regular financial reporting throughout pre and post contract periods with a contractor partnering arrangement	HHA to prepare reports for Project Steering Group	QS/Employers Agent and HHA
Treasury management	Mortgage	Failure to have long term funding in place	x	x	x				High	Low	Eliminate	HHA to confirm capital funding arrangements	HHA to prepare reports for Project Steering Group	HHA

Risk Register No 1: (Insert Date)
KEY AREA: Grant Funding

Risk	Category	Specific	Compliance	Financial	Develop	Public Relations	Quality	Health & Safety	Materiality	Probability	Response	Control	Monitor	Responsibility
Finance	DoH Grant funding	Failure to meet the funding conditions or otherwise appreciate requirements	x	x	x	x			High	Low	Manage	Detailed review of DOH requirements	Project Steering Group	HHA
Development	DoH Grant funding	Failure to develop the scheme in accordance with the bid proposal	x	x		x			High	Low	Eliminate	Correct briefing for the architect, SDS and associated confirmations from the design team/contractor	Project Steering Group	HHA

RISK ANALYSIS ON OVERALL PROJECT

Possible Problems	How Serious	How Probable	Risk Mitigation	Residual Risk (Impact/probability)	Contingency Plan if the Risk does occur	Current Situation (November 2005) Project still on track for completion of 600 flats – time span has been extended.)
Political Re-prioritisation	High	med	Good public relations. Keep executive members and scrutiny regularly updated on progress (particularly success)	M/L	Scale down project. Extend programme over a longer timescale	Programme has been extended but due to housing corporation funding requirements and difficulty finding suitable sites rather than any political change of priority.
Lack of officer time/resources for project	High	high	Ask project board to identify how associated work will be resourced	M/M	Extend programme over a longer timescale. Allow other priorities to slip	Have kept commitment to project manager – seconded in additional support for the enabling team and care commissioning team.
Funding deficit due to reduced Housing Corporation grant	Med	med	Robust 5 year bidding document prepared. Seek other sources of funding.	M/L	Scale down project. Extend programme over a longer timescale. Reduce specification	Successful in securing funding and allowance for inflation.
Funding deficit due to lack of capital receipts from EPH sales	Med	med	Seek explicit political approval to ring fence receipts	M/L	Scale down project. Extend programme over a longer timescale. Reduce specification	Achieved explicit political approval to ring fence receipts and reconfirmation of commitment.
Lack of affordable,	Med	high	Be clear regarding suitable	M/M	Decide on the amount of compromise	This has been an issue – will not

Possible Problems	How Serious	How Probable	Risk Mitigation	Residual Risk (Impact/probability)	Contingency Plan if the Risk does occur	Current Situation (November 2005) Project still on track for completion of 600 flats – time span has been extended.)
suitable land in right locations			locations. Maximise use of Council land -seek corporate help with site identification		that will be acceptable in relation to suitable locations	compromise on design and location must be acceptable for sustainability in longer term. Have extended timescale and currently re-looking at EPH sites to establish whether location criteria are acceptable.
Funding deficit due to higher building costs	Med	med	Explore options for procurement methods to lower costs	M/M	Reduce specification and/or seek funding through alternative sources for community related facilities/activities	This has occurred and are looking at alternative sources (e.g. Anchor Society for community facilities) and also mixed tenure
New care commission requires registration	High	med	Evaluate implications for schemes if this were to happen. Make representations to central government during consultation process	M/M	Build the ability for client to choose care provider into the care contract	VSH deemed to be outside registration requirements but ability to choose care provider has also been built in via direct payments option.
Loss of key partners	High	med	Ensure adequate support to partners, particularly in relation to site identification. Encourage Member flexibility regarding our relationship with the two charities	M/M	Seek other sources of funding.	This has occurred with one partner (Bristol Charities) who withdrew from the partnership. Currently looking at alternative funding sources – paper taken to both project board and partnership.
Changes to work priorities within SS&H or N&HS	High	med	Maintain the profile of the whole project. Good public relations. Re-allocate other work elsewhere	M/L	Extend programme over a longer timescale. Allow other priorities to slip	Have maintained high priority for project in both departments
Insufficient Supporting People Pot funding	High	high	Joint partnership approach to highlighting and securing essential funding as well as pro-active work on maximising Pot.	H/M	Seek matched funding sources through work on identifying alternative funding for community related facilities/activities. Care Contract to fund SP tasks for high care residents.	The SP pot has been subject to several funding cuts during the life of this programme. Have managed to protect VSH element, but also looking at ways to increase cost effectiveness (currently

Possible Problems	How Serious	How Probable	Risk Mitigation	Residual Risk (Impact/probability)	Contingency Plan if the Risk does occur	Current Situation (November 2005) Project still on track for completion of 600 flats – time span has been extended.)
						subject of report to SP commissioning body.)
Care costs too high	High	Low , higher if have to register	Ensure specification is affordable	M/L	Some buildings to revert to ordinary sheltered accommodation	Care costs have remained cost effective compared to residential care costs.
Dependency levels exceed expectations	Med	Med	Careful management of the admission process. Attention to on-going review of dependency	M/L	Block further admissions to high care places.	Have maintained balance through admissions and review process. Further review taking place to look more closely at care and support services and efficiencies.)
Voided on block contracts	High	med	Good on going P.R. and marketing. Good quality mechanisms to ensure demand is maintained. Time limited contracts	M/M	Agreement with partners to underwrite voids in schemes, which are in “risky” locations.	Have agreed underwriting but worked with partners to ensure that voids have not been a major issue. (Waiting lists in all current schemes)
Changed/ delayed decisions due to limited p.m. decision making authority	High	high	Request clearer decision making authority to be delegated to project managers.	M/H	Scale down project/extend programme	Have clarified and kept to strict decision-making process and made good use of delegated decision options.
Non-RSL deviating from partnership agreement without BCC consent	Med	med	Robust monitoring. Peer pressure. Penalty clauses in head of terms	M/L	Time identified care contracts. Option to invoke penalties	Good partnership working and monitoring has minimised this risk
Ex Member unable to agree core contract with St.MT.	High	high	Ensuring member is aware of consequences. Get St.TM agreement to meet specifications on quality/price	M/M	St Monica Trust to build private scheme, SS&H to spot purchase placements	Again, good partnership working and keeping members fully briefed has helped ensure that care contracts with StMT is highly competitive with other care provider prices and quality.
Risk of outcry on Planning issues	Med	med	Good consultation. Impact/opportunity assessment prior to application	M/L	In worst case -look for alternative site	Planning has to date not proved too contentious due to extensive consultation events and processes.

Possible Problems	How Serious	How Probable	Risk Mitigation	Residual Risk (Impact/probability)	Contingency Plan if the Risk does occur	Current Situation (November 2005) Project still on track for completion of 600 flats – time span has been extended.)
Risk of HC not funding deficit for phase 2 of split (Gaiety/ Southlands) site	Medium	low	Ongoing discussion with HC. Exploring other sources of funding	M/L	Site reverts to cat II. And combined site removed from VSH programme.	Did not become an issue
Lack of site for BMC – risk. They walk away	High	med	See previous comments- Encourage BMC to employ site search agents	M/L	Reduce scope of programme	This did occur but still looking to find alternative ways to meet 600 target.
Non acquisition of - site in Fishponds	Med	med	Seek corporate help to acquire site. Raise profile of importance of site for overall VSH programme	M/L	Widen location scope, -e.g. Eastville, St George, Barton Hill	Site was acquired in Fishponds and is now almost complete
Sensitivities around EPH closure cause stalled decision-making	High	med	Impact assessments to provide evidence re: need. Carefully planned consultation and process. Clear link into overall VSH programme (Greystoke)	M/M	Relax link between EPH closure and VSH opening. Scale-down project	This has caused a delay on one site (at Lawrence Weston). But good consultation and documented evidence of need has achieved desired outcome (start on site due this month.)
Reluctance re EPD closure leads to over provision (e.g. Kirkby, Millpool Ct)	High	med	Impact assessment to provide evidence re: need. Carefully planned consultation/good publicity campaign/public relations.	M/M	Vary dependency level on site (higher ratio of high care beds). Gradually change focus of sheltered scheme to alternative client group	Impact assessments have successfully led to unsuitable sheltered schemes closures when identified.
Unable to purchase private plot/access (egg Meg T, access route to site)	Med	Low	Concerted negotiation with owner(s)	L/L	Build around plot (would severely restrict design options) Seek alternative site	In two instances access routes have been successfully acquired where necessary.

Project feasibility	Objective	Does the project have clear objectives, both quantifiable and non-quantifiable, against which the finished project can be assessed?	Try imagining that the project has finished. On what basis will you judge that the project has been successful?	<p>Quantifiable - the project will come in on time and within budget, finished units will be readily lettable.</p> <hr/> <p>Non-quantifiable - residents will be satisfied with the quality of the work, the finished project is pleasing, and the relationship with the contractor will be hassle free.</p>
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	Option appraisal	Have all the available options been considered, including the sale of the site, relocation onto another site, refurbishment and new build?	Brain storm all the available options and test them against the project objectives before reaching a conclusion	<p>There are two alternative approaches:-</p> <p>A) Sell the property - this would not meet the objectives of the Trust and would preclude future social housing in the village.</p> <p>B) Demolish the buildings and redevelop the site. The buildings are Listed and within a Conservation Area. Consequently this is not a viable option</p>
	Technical feasibility	Is it possible to do what you wish to do?	Seek the advice of Consultants early, including Project Manager, Architect and Quantity Surveyor. Most will be prepared to meet you for an initial discussion without incurring cost.	The Architect, Quantity Surveyor, Planning Supervisor and Project Manager are in place, the scheme has been initially designed and can be accommodated within the existing scheme. The Contractor will be appointed following tender process upon allocation of grant
	Long term viability	Can you sustain the project in the long term, including the revenue position?	Estimate the revenue position as you anticipate it will be after the project is completed and compare with current position	A revenue budget has been completed to confirm that the scheme has a long term viability. However, the costs are tight and there is little room for error or unexpected costs which arise before reserves have had an opportunity to accumulate. Consequently the scheme has been designed to be undertaken in discrete phases, with limitations as to financial risk, as fundraising progresses.
Funding	Sources of funding	Does the RSL have enough reserves to pay for the project?		No -scheme costs will need to be covered from a mixture of Social Housing Grant, reserves, fundraising and mortgage
		Is the scheme eligible for Social Housing Grant funding?	Undertake grant calculation as soon as project information is available to include/discount this option	Yes, appraisal and grant calculation undertaken.

		Consult early with the Local Authority who will need to support any grant application	Local Authority is aware of the scheme and has given in principle support, although their priority understandably is for general needs housing. The Associatin has responded to this by enabling occupation of residents who are older, rather than elderly, in line with their Trust deed and in keeping with the community objectives.
	Is the Committee prepared to take out a mortgage to pay for part of the costs?	Ensure that the cost of repaying the mortgage is included in the Revenue Budget	Yes and this is substantiated by the revenue budget but cannot be undertaken until rent restructuring is further advanced. Hence a mortgage is anticipated for latter stages of the scheme, with grant and fundraising providing the funding for earlier phases.
Inflation and growth rates		Ensure Building Costs have been projected forwards to the estimated start date.	Build costs have been estimated as at Quarter 3 2005 and projected forward to 2006 et seq for subsequent phases.
		When considering mortgages, base revenue projections on an average mortgage rate, which may be higher than current rates.	This has been done, although with the mortgage being anticipated in 4 years, rates may change substantially over this time. A watching brief is being kept on rates and the revenue projections amended accordingly.
		Rents will only increase in line with inflation plus 0.5%, and may be less in line with rent restructuring	Revenue breakeven is achieved in year one and does not rely on rent increases
Accuracy of cost and contingency analysis		Costings should be undertaken by a suitably qualified Quantity Surveyor	Suitably qualified QS has been appointed for the project
Cash flow		The project cash flow will demonstrate when invoices need to be paid and will highlight any need for bridging finance	Project cash flow completed, and factored into Business Plan.
Planning	Scope	Is the project the right size? Would it benefit from including other works?	The site is fully developed and, before the creation of additional units is considered, the trustees wish to ensure that their current units meet Decent Homes Standard.

Complexity of project		How complex is the project? Can it be broken down into manageable phases?	Project is not particularly complex, and is only being broken down into phases to facilitate funding.
Technical constraints		What physical/technical aspects of the project will impede deliverability?	Site access is limited around the sides and rear of the building and will require a Method Statement in conjunction with the chosen Contractor before the Contract is let.
Constructibility		The early involvement of a Contractor will enable you to use his expertise regarding the buildability of the project	It is unlikely that the Association will have sufficient future work to enable strategic partnering, but a tender list is currently being produced to ensure early involvement of the appointed contractor.
Milestones		Grant bid, confirmation and spend deadlines. When does planning permission need to be submitted to ensure that it is received in good time? What are the local planning committee's cycle of meetings? Do you need to avoid working in wet/cold winter conditions? When must the building be finished? Do you need to plan for the re-location of residents?	Planning and Listed Building Consent have already been achieved, so the site is deliverable. The only work to be undertaken before grant confirmation is the tendering process. This will be commenced upon allocation of grant; without grant the cost would be abortive as the scheme would need to await further fundraising.
Time to complete		This will need to be incorporated in your cash planning so that valuations can be paid on time, possibly before grant has been received.	Build period is estimated at a maximum of 6 months for each phase.
Work and payment schedules		Look at your standing orders to ensure that the Architect can have enough flexibility to properly manage the contract on your behalf. Payment will need to be made at specific dates and will not wait for the next committee meeting.	Standing Orders are silent on this issue. A report will be recommended to committee to permit decision making by Architect in a manner unlikely to delay contract. Limited variations to build contract cost can be made but there will be overall limits on cumulative changes which have to be referred back to Committee.
		Consider delegating certain authorities to your Chair and/or Treasurer so that cheques can be issued and decisions on cost variation made quickly. Overall responsibility should still rest with the Committee.	As above. However, it should be noted that there is a Steering Committee for the project.

	Tenant relocations	Do rooms need to be vacated in order for the project to be completed?	Consider phasing the project to enable residents to be moved round as work proceeds	This has been considered in conjunction with residents and phasing is in place.
			Allow money in the project costs to pay for any moves and for replacement of carpets and curtains which may not fit new rooms	This has been included in the total scheme costs.
Technical considerations	Design and performance	How will you brief the Architect? What standards will you determine for components of the building?	Take time in the early stages of the project to work up a fully thought through brief so that your consultants fully understand what you require and design/cost accordingly.	Meetings have been undertaken regularly with consultants to identify design and management criteria and further briefing/monitoring meetings will take place throughout the project
	Reliability of data	What assumptions are you making in the project planning?	Making assumptions includes an element of risk, which will cost money if they are not substantiated. Try to ensure that all assumptions are tested before legal commitments are made.	Use of consultants to estimate cost has minimised this risk
	Complexity of project		Do you need specialist consultants?	None required; project is straight-forward.
	Completeness of design		Lack of detail is often a reason for cost increases, which can be catastrophic if not budgeted.	Scheme is designed to sufficient detail to enable risk areas to be identified and these have been included in costings.
	Accountability for design		Your Architect should be accountable for the design, but he will only design what you ask. Ultimately the responsibility is your if you do not ask him for the right product.	Architect, Trust and Project Manager share the responsibility for design

	System integration	Does the scheme need to mesh into an existing facility, e.g. fire alarm/alarm call systems?	Ensure that specialist advisers, eg for security systems or heating, are brought in where necessary.	No system integration will be required. New systems are part of the design and are intended to be compatible/extendable.
Type of contract	Traditional		You will pay for all costs incurred, whether or not they are above the original Contract Sum.	
	Design and Build		The price will be fixed in the Contract, provided that you do not change the requirements. However, the Contractor will price for an element of risk and the cost could be higher than other forms of Contract	
	Cost plus		Contractor receives fixed profit margin on all costs incurred on the project. Often used in partnering arrangements.	Likely contract type, to meet requirements of the Trust and Construction Client Charter. However, limited scope of work will probably appeal to smaller Building Contractor who is a specialist in Listed Buildings and it may not have experience of this type of working. Sufficient time has been allowed in the pre-contract period for explanation, agreement and training.
Procurement route	Tender		Price fixed by competition between Contractors	Tender is anticipated.
	Negotiate		May be appropriate for small projects or where Contractor has specialist knowledge of Client or building	
	Strategic Partnering		Useful where Contract team has been successfully used elsewhere	
	Innovative procurement methods		May be appropriate where large numbers of similar units are being built, e.g. nursing beds, student accommodation, timber frames	Not appropriate for this type of refurbishment project.
Regional and Local factors	No of bidders			Bid round is often 10 times over-subscribed, and the Association is aware that it may not be successful. It will then bid in-year to see if spare cash is available at year ends.

	Grant availability			11% of ADP in the South West is targetted at rural settlements and a total of £3m for work to existing stock. South Gloucestershire's notional allocation for 2006/07 and 2007/08 is around £1.4m - a reduction of 20% in favour of the Principle urban Area of Bristol.
	Unemployment rate in construction trades			Known to be a difficulty both regionally and nationally. This could increase prices beyond current estimates
	Contractors' workload			
Contractor reliability	Capability		You should ensure that the selected Contractor has experience of the work you wish him to undertake. Do not be afraid to ask to look at other examples of his work.	We would expect the appointed Contractor to have experience of dealing with this type of building and preferably be a member of the Considerate Constructor's Scheme
	Capacity			See above
	Credit worthiness		Use of Construction Line may give a clue, as will the amount of premium needed for a Performance Bond.	Noted. The cost of a Bond has been included within project estimates; the capital funding is always too tight to allow for an uncovered bankruptcy.
	Personal experience		Ask your consultants for advice as to the Contractors which could be included on a tender list. They will be working with Contractors on a regular basis and will have knowledge of their co-operation and other matters which will not be apparent from a credit check.	The tender list will be determined after discussion with QS and Architect.
Client Involvement	Project Management	Do you have the skills amongst your Committee to undertake this role? Do you have the time?	Instruct a project manager with specific skills in the Social Housing Field. Larger associations can sometimes perform this role on an agency basis.	A Project Manager has been appointed with 28 years experience.

	Testing and inspection		Consider employment of a Clerk of Works during the Building Period	Noted. However, for this small project the costs are disproportionate. The Architect is local and will be expected to undertake adequate inspections to ensure quality.
	Safety programmes		This should be high on your agenda as a responsible Client. KPIs will require you to monitor this during the construction phase	KPIs will be adopted which reflect this
	Communications and problem solving		Ensure that there are clear lines of communication between the project team and the Committee. You should be contactable by e mail and phone during the day.	No difficulty with establishing a communications protocol
	Partnering		Now a requirement under the Construction Client Charter criteria. Be prepared to co-operate with other RSLs in the area to obtain the benefits of strategic partnering where appropriate.	This will be undertaken if appropriate and can provide demonstrably better value for money. It should, however, be noted that works to a Listed Building can require more specialist expertise than a strategic partnering approach can provide.
	Start-up operations	Does anything else need to be done before the project can go ahead?	Ensure the project timetable allows for this work to be done in good time.	No demolitions or preliminary works are required
Regulatory conditions	Planning permission	Has planning permission been obtained?	Allow plenty of time for this aspect; a project which you see as being of benefit to the community may well result in large numbers of objections from local residents.	Planning and Listed Building Consent has already been achieved.
	Building Regulations			Will be sought later in the project development
	Party Wall Act notices		Make contact with your neighbours early if this is likely to be an issue. Consultation and provision of information will often allay fears	There are no party walls affected by the scheme.
	Stamp Duty		If you are receiving grant, this should not be payable, but make sure your solicitor knows this	Not applicable; the site is already in the Trust's ownership

	VAT	Can you organise the project to minimise the VAT liability?	Ensure that the approach has been agreed with the VAT office in advance of the work starting. You may need to issue a VAT certificate to the Contractor.	Development of a Listed Building may result in zero rated VAT for some elements; communication with VAT office has been commenced.
Acts of God	Flood	Is the site in a flood plain?	Although planning and building regs will cover the essential aspects of flooding, location within a flood plain may increase insurance premiums or you may be refused cover.	The site is not in a flood plain
Site considerations	Access		Early involvement of the Contractor will highlight these buildability issues, but you may still need to make temporary arrangements for construction traffic or tenants.	See above
	Congestion			See above
	Ground conditions		This is one area of risk which should be minimised as far as possible by undertaking ground investigations	N/A
	Site survey	Does your preferred design fit onto the site?	This may sound obvious, but reliance on old plans can be dangerous. A site survey, identifying boundaries, levels and features such as trees minimises later difficulties	Structure is already in place
		Are there any services under the site?	This can be checked by reference to the Local Authority, utility companies and inspection	N/A
	Utilities	Are all the services readily available for the proposed project?	Both the location and capacity should be checked with the relevant utility companies or local authority	Not known, but the existing building already has services connected
	Archaeology		Sometimes a Local Authority will require time to excavate an historic site, and sufficient time should be allowed in the project timetable for this to be undertaken. Strict time limits should be negotiated where possible so that the construction is not delayed.	Not required under Planning Consent

	Contamination		Ground investigations should be undertaken to identify any contaminants and recommendations sought for disposal/treatment	Not yet investigated - see above
	Abutting structures		See party wall act comments above	See above
	Security		This should be the responsibility of the Contractor, but in an area of known vandalism, he will increase his cost to cover the additional security measures needed or for higher insurance premiums.	Noted, but crime statistics suggest that the Ward has a significantly lower crime rate than national averages.
	Disruption to public		Consider whether the public footpath needs to be stopped up or temporarily diverted, for which Street Works orders may be necessary.	Not considered necessary, but temporary street works order may be required for skip siting during strip-out
			To avoid receiving complaints, consider using a sign board to keep local people up to date with developments. People who are informed are less likely to feel aggrieved.	Noted. We also have a good working relationship with the Parish Council and it is intended to keep them well informed throughout the development.
	Disruption to tenants		Tenant consultations will often assist, but you may need to make special arrangements to ensure that your tenants are not adversely affected.	This is on-going
Labour/Materials				
	Minority representation		Although you will not be employing the Contractor's staff direct, it is often appropriate to include a provision within the contract relating to the employment of minority or local labour	Noted, however, the shortage of contract labour may make this difficult to achieve.

	Availability		This will be a key factor in both the price you pay for the work and the quality of the workmanship.	Part of the partnering arrangement with the Contractor will involve the tendering of sub-contract packages prior to completion of the contract documentation. Hence the effect on cost will be largely known in advance of legal commitment
	Materials	Are all specialist materials readily available?	Ensure that sufficient time is allowed for ordering of any goods which you buy direct, rather than through the Building Contract, e.g. fridge, cooker	Noted, but no items of this nature are currently anticipated
Loss or damages	Owner's responsibility		You may need to advise your Building Insurance Company of the works being undertaken	This will be undertaken when a start on site date is known.
	Contractor's responsibility		The insurances should be available for inspection, prior to the work commencing	Part of the usual contract procedure
	Engineer's responsibility		Professional Indemnity Insurances should be in place for all consultants working on the project. This will safeguard you in the event of their negligence	All appointed consultants have appropriate PI cover
	Vandalism etc		See above under security	See above
	Liquidated damages	What losses will you incur if the building is not produced on time?	These should be included in the contract and should cover the costs you will incur, on a weekly basis if the contract is late.	These will be included in the Contract and will cover loss of rent and additional Consultants' time
	Consequential losses	What other losses will you incur?	It may be appropriate to allow for some delay between finishing the building and having the units fully let and income producing. For a specialist building, you may need an induction period for staff	No other losses are anticipated.
Grants	Timescales	Have you allowed sufficient time for all the activities needed?	This is one of the least well estimated aspects of a project. A good rule of thumb is to double the time you first thought of!	Good time has been allowed and this is one of the advantages of having small discrete phases.

	Performance	Can you deliver the project in line with your Bid to the Housing Corporation or local authority?	<p>Deliverability is the key test of your performance as a Housing Association, and may influence your future ability to gain grant funding. Therefore do not be tempted to make promises you may not be able to keep. Do not forget the other indicators of a successful project such as Schemework Development standards and audit requirements.</p> <p>Ownership of the land and planning consents are seen as key advantages in this respect</p>
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